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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/868,682	
	Filing Date	September 4, 2001	
	First Named Inventor	Mark Stewart Nichols	
	Art Unit	2121	
	Examiner Name	Hir, Joseph P.	
Total Number of Pages in This Submission		Attorney Docket Number	005222.00159

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Corrected Specification and Abstract; Certificate of Express Mailing; Return Receipt Postcard				
<table border="1"><tr><td>Remarks</td><td>A duplicate of the fee sheet is enclosed.</td></tr><tr><td colspan="2">The Commissioner is authorized to debit or credit any overpayment or deficiency to Deposit Account No. 19-0733.</td></tr></table>			Remarks	A duplicate of the fee sheet is enclosed.	The Commissioner is authorized to debit or credit any overpayment or deficiency to Deposit Account No. 19-0733.	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kenneth F. Smolik 44,344
Signature	<i>Kenneth F. Smolik</i>
Date	November 16, 2004

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By: _____

Nichols, U.S. Patent Application No. 09/868,682 for "A GOAL BASED SYSTEM UTILIZING AN ACTIVITY TABLE"

- Transmittal Form, 1 page
- Fee Transmittal, 1 page (in duplicate)
- Terminal Disclaimer, 1 page
- Amendment, 9 pages
- Corrected Specification and Abstract, 73 pages
- Corrected Drawings, 16 Sheets (Figs. 1-30)
- Return Receipt Postcard